

ANDERSON EXHIBIT 6H

**SECTION NO. 18
THE SPECIFIC FALSE PRICE AND COST
REPRESENTATIONS OF DEFENDANT
BARR AS TO MEDICARE AND MEDICAID**

204. From on or before August 1, 1995 and continuing through the present date, BARR knowingly caused Medicare/Medicaid to pay false or fraudulent claims for prescription drugs, including those specified in this Section, and further made or used false records or statements to get such false or fraudulent claims paid or approved. As a result of the said actions of BARR and those persons and entities acting directly or indirectly in concert with BARR, Medicare/Medicaid paid grossly excessive, unreasonable and unlawful amounts for claims for the drugs, including those specified in this Section. The acts committed by BARR that caused Medicare/Medicaid to pay or approve said false or fraudulent claims included, but were not necessarily limited to, knowingly making false or fraudulent representations about prices and costs of the drugs, including those specified in this Section, which BARR knew would be utilized by Medicare/Medicaid in paying or approving claims for such drugs and using the inflated spread created by its false representations of prices and costs as a financial inducement to increase or maintain sales and marketshare of those drugs. Each of BARR's representations was utilized by Medicare/Medicaid in paying or approving claims for the drugs, including those specified in this Section.

205. During the entire period of time specified in this section, BARR knowingly caused its false or fraudulent price and cost representations to be reported by Red Book,

Blue Book and First DataBank's Automated Services and Medispan and further made or used false records or statements regarding the prices and costs of its drugs, including those specified in this Section and submitted same to the Medicare/Medicaid. BARR made and/or caused to be made approximately 36,427,129 false statements in the form of false or fraudulent price and costs representations to the state Medicaid Programs and the Medicare Program.

206. By way of example, BARR's price and cost representations for certain of the drugs in question, as reported by BARR are shown in the following chart. In comparison, the amount listed under the Relator's Cost column reflects the actual contract prices that were available to the Relator for the listed drugs. The column "invoice price to wholesaler" represents the prices listed as invoice prices by one or more major wholesalers such as McKesson or Bergen Brunswig and available to the Relator through catalogs or computer purchasing software. As a very small infusion pharmacy, the Relator did not receive the lowest prices available to volume purchasers. Accordingly, in many instances the cost to Providers for the drugs was significantly lower than that paid by the Relator. For Providers that paid less, the spread on the drugs was correspondingly greater than the spread on the same drugs available to the Relator. A listing of drugs with respect to which BARR knowingly caused Medicare/Medicaid to pay falsely inflated reimbursement amounts by reporting falsely inflated drug costs and prices is contained in **Exhibits "1"** (Medicaid) and **"2"** (Medicare/Medicaid) attached hereto.

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Defendant BARR CHLORDIAZEPOXIDE 10mg, 1,000s NDC # 00555-0033-05						
Year	False "AWP" Reported Through Red Book	False "AWP" Reported Through FDB Blue Book	Medispan "AWP"	False Direct Price Reported Through FDB or Blue Book	Relator's Cost Contract Price	Invoice Price to Wholesaler
1993	\$22.19	\$22.19	\$22.19			
1994	\$22.19	\$22.19	\$31.62			
1995	\$31.62	\$31.62	\$31.62			
1996	\$31.62	\$31.62	\$31.62			\$13.56
1997	\$31.62		\$31.62			\$13.56
1998	\$46.50		\$46.50			\$13.56
1999	\$46.50		\$139.50		\$11.50	\$27.89
2000	\$139.50		\$139.50		\$26.15	\$27.89
2001	\$209.25		\$209.25		\$26.25	\$41.84
2002	\$209.25		\$209.25		\$39.37	\$41.84
2003	\$209.25		\$209.25			\$43.03
2004	\$209.25		\$209.25		\$39.52	\$59.28

207. As a result of BARR'S actions as alleged herein, the UNITED STATES has sustained damages, and BARR is liable to the United States for civil penalties and treble damages as provided by the False Claims Act.

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**SECTION NO. 19
THE SPECIFIC FALSE PRICE AND COST
REPRESENTATIONS OF DEFENDANT
BRISTOL-MYERS SQUIBB AS TO MEDICARE AND MEDICAID**

208. From on or before December 31, 1995 and continuing through the present date, BRISTOL-MYERS SQUIBB knowingly caused Medicare/Medicaid to pay false or fraudulent claims for prescription drugs, including those specified in this Section, and further made or used false records or statements to get such false or fraudulent claims paid or approved. As a result of the said actions of BRISTOL-MYERS SQUIBB and those persons and entities acting directly or indirectly in concert with BRISTOL-MYERS SQUIBB, Medicare/Medicaid paid grossly excessive, unreasonable and unlawful amounts for claims for the drugs, including those specified in this Section. The acts committed by BRISTOL-MYERS SQUIBB that caused Medicare/Medicaid to pay or approve said false or fraudulent claims included, but were not necessarily limited to, knowingly making false or fraudulent representations about prices and costs of the drugs, including those specified in this Section, which BRISTOL-MYERS SQUIBB knew would be utilized by Medicare/Medicaid in paying or approving claims for such drugs and using the inflated Spread created by its false representations of prices and costs as a financial inducement to increase or maintain sales and marketshare of those drugs. Each of BRISTOL-MYERS SQUIBB's representations was utilized by Medicare/Medicaid in paying or approving claims for the drugs, including those specified in this Section.

209. During the entire period of time specified in this section, BRISTOL-MYERS SQUIBB knowingly caused its false or fraudulent price and cost representations to be

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reported by Red Book, Blue Book and First DataBank's Automated Services and Medispan and further made or used false records or statements regarding the prices and costs of its drugs, including those specified in this Section and submitted same to the Medicare/Medicaid. BRISTOL-MYERS SQUIBB made and/or caused to be made approximately 58,005,916 false statements in the form of false or fraudulent price and costs representations to the state Medicaid Programs and the Medicare Program.

210. By way of example, BRISTOL-MYERS SQUIBB's price and cost representations for certain of the drugs in question, as reported by BRISTOL-MYERS SQUIBB are shown in the following chart. In comparison, the amount listed under the Relator's Cost column reflects the actual contract prices that were available to the Relator for the listed drugs. The column "invoice price to wholesaler" represents the prices listed as invoice prices by one or more major wholesalers such as McKesson or Bergen Brunswig and available to the Relator through catalogs or computer purchasing software. As a very small infusion pharmacy, the Relator did not receive the lowest prices available to volume purchasers. Accordingly, in many instances the cost to Providers for the drugs was significantly lower than that paid by the Relator. For Providers that paid less, the Spread on the drugs was correspondingly greater than the Spread on the same drugs available to the Relator. A listing of drugs with respect to which BRISTOL-MYERS SQUIBB knowingly caused Medicare/Medicaid to pay falsely inflated reimbursement amounts by reporting falsely inflated drug costs and prices is contained in **Exhibits "1" (Medicaid) and "2"**

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Defendant: ABBOTT Erythromycin Stearate 500 mg Tablets 100's NDC #00074-6316-13						
Year	False "AWP" Reported Through Red Book	False "AWP" Reported Through FDB Blue Book	Medispan "AWP"	False Direct Price Reported Through FDB or Blue Book	Relator's Cost Contract Price	Invoice Price to Wholesaler
2003			\$26.35			\$15.30
2004			\$27.65		\$14.59	\$21.89

Defendant: ABBOTT Erythromycin Stearate 500 mg Tablets 100's NDC #00074-6316-13						
Year	False "AWP" Reported Through Red Book	False "AWP" Reported Through FDB Blue Book	Medispan "AWP"	False Direct Price Reported Through FDB or Blue Book	Relator's Cost Contract Price	Invoice Price to Wholesaler
1993	\$23.75	\$23.75	\$23.75	\$20.00		
1994	\$23.75	\$23.75	\$23.75	\$20.00		\$7.50
1995	\$23.75	\$23.75	\$23.75	\$20.00		\$7.50
1996	\$23.75	\$23.75	\$24.44	\$20.00		\$7.50
1997	\$24.44		\$24.44			\$7.72
1998	\$24.44		\$24.44			\$7.72
1999	\$24.44		\$25.18	\$21.20		\$7.72
2000	\$25.18		\$25.18	\$21.20		\$7.72
2001	\$25.18		\$25.18	\$21.20	\$7.21	\$7.72
2002	\$25.18		\$25.18		\$6.60	\$7.72

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Defendant BRISTOL TAXOL 30mg (6mg/ml), 5ml 00015-3475-27 00015-3456-20 00015-3475-30 HCBGS J9265							
Year	False "AWP" Reported Through Red Book	False "AWP" Reported Through FDB Blue Book	Medispan "AWP"	False Direct Price Reported Through FDB or Blue Book	Texas "WEAC" Medicaid Reimburse- ment Based On False Reported Prices **	Relator's Cost <u>Contract Price</u>	Invoice Price to Wholesaler
1993	\$182.63						
1994	\$182.63	\$175.35				\$140.26	\$175.32
1995	\$182.63	\$175.35		\$146.10			\$146.10
1996	\$182.63	\$175.35		\$146.10		\$140.26	\$146.10
1997	\$182.63		\$175.32		\$149.02	\$140.26	\$146.10
1998	\$182.63		\$175.32		\$149.02	\$140.26	\$146.10
1999	\$182.63		\$175.32		\$149.02	\$149.00	\$146.10
2000	\$182.63		\$175.32		\$149.02	\$145.35	\$155.60
2001	\$182.63		\$175.32		\$149.02	\$121.60 \$109.76*	\$155.60
2002	\$182.63		\$175.32			\$38.89*	\$148.74
2003	\$182.63		\$175.32			\$33.99 \$25.90*	\$146.10

** Amounts contained in the Texas WEAC (Wholesale Estimated Acquisition Cost) reimbursement column also reflect the fact that the Defendant's price and cost representations were falsely inflated. See paragraphs 112 - 114 herein.

* Beginning sometime in 2001, BRISTOL matched its competitors' prices for generic forms of Taxol. The prices indicated here are prices that the Relator would have paid as a result of the price match promotion.

211. As a result of BRISTOL-MYERS SQUIBB's actions alleged herein, the UNITED STATES has sustained damages, and BRISTOL-MYERS SQUIBB is liable to the United States for civil penalties and treble damages as provided by False Claims Act.

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**SECTION NO. 20
THE SPECIFIC FALSE PRICE AND COST
REPRESENTATIONS OF DEFENDANT
DEY AS TO MEDICARE AND MEDICAID**

212. From on or before December 31, 1997 and continuing through the present date, DEY knowingly caused Medicare/Medicaid to pay false or fraudulent claims for prescription drugs, including those specified in this Section, and further made or used false records or statements to get such false or fraudulent claims paid or approved. As a result of the said actions of DEY and those persons and entities acting directly or indirectly in concert with DEY, Medicare/Medicaid paid grossly excessive, unreasonable and unlawful amounts for claims for the drugs, including those specified in this Section. The acts committed by DEY that caused Medicare/Medicaid to pay or approve said false or fraudulent claims included, but were not necessarily limited to, knowingly making false or fraudulent representations about prices and costs of the drugs, including those specified in this Section, which DEY knew would be utilized by Medicare/Medicaid in paying or approving claims for such drugs and using the inflated Spread created by its false representations of prices and costs as a financial inducement to increase or maintain sales and marketshare of those drugs. Each of DEY's representations was utilized by Medicare/Medicaid in paying or approving claims for the drugs, including those specified in this Section.

213. During the entire period of time specified in this section, DEY knowingly caused its false or fraudulent price and cost representations to be reported by Red Book,

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Blue Book and First DataBank's Automated Services and Medispan and further made or used false records or statements regarding the prices and costs of its drugs, including those specified in this Section and submitted same to the Medicare/Medicaid. DEY made and/or caused to be made approximately 3,367,626 false statements in the form of false or fraudulent price and costs representations to the state Medicaid Programs and the Medicare Program.

214. By way of example, DEY's price and cost representations for certain of the drugs in question, as reported by DEY are shown in the following chart. In comparison, the amount listed under the Relator's Cost column reflects the actual contract prices that were available to the Relator for the listed drugs. The column "invoice price to wholesaler" represents the prices listed as invoice prices by one or more major wholesalers such as McKesson or Bergen Brunswig and available to the Relator through catalogs or computer purchasing software. As a very small infusion pharmacy, the Relator did not receive the lowest prices available to volume purchasers. Accordingly, in many instances the cost to Providers for the drugs was significantly lower than that paid by the Relator. For Providers that paid less, the Spread on the drugs was correspondingly greater than the Spread on the same drugs available to the Relator. A listing of drugs with respect to which DEY knowingly caused Medicare/Medicaid to pay falsely inflated reimbursement amounts by reporting falsely inflated drug costs and prices is contained in **Exhibits "1"** (Medicaid) and **"2"** (Medicare/Medicaid) attached hereto. Attached as **Exhibit "9"** is a chart showing DEY's WACs for certain of the drugs in question.

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Defendant DEY IPRATROPIUM BROMIDE 0.02% 2.5mls. 60s 49502-0685-60 HCPCS J7645, J7644					
Year	False "AWP" Reported Through Red Book	Medispan "AWP"	Texas "WEAC" Medicaid Reimbursement Based On False Reported Prices **	Relator's Cost Contract Price	Invoice Price to Wholesaler
1997	\$105.60	\$105.60		\$43.20	\$64.10
1998	\$105.60	\$105.60		\$43.20	\$51.15
1999	\$105.60	\$105.60		\$30.60	\$48.25
2000	\$105.60	\$105.60	\$26.88	\$35.15	\$45.26
2001	\$105.60	\$105.60	\$40.32	\$20.45	\$37.89
2002	\$105.60	\$105.60		\$16.50	\$31.89
2003	\$105.60	\$105.60	\$26.21	\$15.00	\$25.33

** Amounts contained in the Texas WEAC (Wholesale Estimated Acquisition Cost) reimbursement column also reflect the fact that the Defendant's price and cost representations were falsely inflated. See paragraphs 112 - 114 herein.

215. As a result of DEY's actions alleged herein, the UNITED STATES has sustained damages, and DEY is liable to the United States for civil penalties and treble damages as provided by False Claims Act.

**SECTION NO. 21
THE SPECIFIC FALSE PRICE AND COST
REPRESENTATIONS OF DEFENDANT
ETHEX AS TO MEDICAID**

216. From on or before August 1, 1995 and continuing through the present date, ETHEX knowingly caused Medicaid to pay false or fraudulent claims for prescription drugs, including those specified in this Section, and further made or used false records

statements to get such false or fraudulent claims paid or approved. As a result of the said actions of ETHEX and those persons and entities acting directly or indirectly in concert with ETHEX, Medicaid paid grossly excessive, unreasonable and unlawful amounts for claims for the drugs, including those specified in this Section. The acts committed by ETHEX that caused Medicaid to pay or approve said false or fraudulent claims included, but were not necessarily limited to, knowingly making false or fraudulent representations about prices and costs of the drugs, including those specified in this Section which ETHEX knew would be utilized by Medicaid in paying or approving claims for such drugs and using the inflated Spread created by its false representations of prices and costs as a financial inducement to increase or maintain sales and marketshare of those drugs. Each of ETHEX'S false representations was utilized by Medicaid in paying or approving claims for the drugs, including those specified in this Section.

217. During the entire period of time specified in this Section, ETHEX knowingly caused its false or fraudulent price and cost representations to be reported by the recognized price publishing compendia known as Red Book, Blue Book and First DataBank's Automated Services and Medi-Span and further made or used false records or statements regarding the prices and costs of its drugs, including those specified in this Section and submitted same to Medicaid. ETHEX made or caused to be made approximately 26,045,340 false statements in the form of false or fraudulent price and cost representations to the state Medicaid Programs.

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218. By way of example, ETHEX'S price and cost representations for certain of the drugs in question, as reported by ETHEX are shown in the following chart. In comparison, the amount listed under the Relator's Cost column represents the actual contract prices that were available to the Relator for the listed drugs. The column "invoice price to wholesaler" represents the prices listed as invoice prices by one or more major wholesalers such as McKesson or Bergen Brunswig and available to the Relator through catalogs or computer purchasing software. As a very small infusion pharmacy, the Relator did not receive the lowest prices available to volume purchasers. Accordingly, in many instances the cost to Providers for the drugs was significantly lower than that paid by the Relator. For Providers that paid less, the Spread on the drugs was correspondingly greater than the Spread on the same drugs available to the Relator. A listing of drugs with respect to which ETHEX knowingly caused Medicaid to pay falsely inflated reimbursement amounts by reporting falsely inflated drug costs and prices is contained in **Exhibit "1"** (Medicaid only) attached hereto and incorporated herein by reference.

219. As a result of ETHEX'S actions as alleged herein, the UNITED STATES has sustained damages, and ETHEX is liable to the United States for civil penalties and treble damages as provided by the False Claims Act.

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**SECTION NO. 22
THE SPECIFIC FALSE PRICE AND COST
REPRESENTATIONS OF
DEFENDANT GENEVA AS TO MEDICAID**

220. From on or before December 31, 1995 and continuing through the present date, GENEVA knowingly caused Medicaid to pay false or fraudulent claims for prescription drugs, including those specified in this Section, and further made or used false records statements to get such false or fraudulent claims paid or approved. As a result of the said actions of GENEVA and those persons and entities acting directly or indirectly in concert with GENEVA, Medicaid paid grossly excessive, unreasonable and unlawful amounts for claims for the drugs, including those specified in this Section. The acts committed by GENEVA that caused Medicaid to pay or approve said false or fraudulent claims included, but were not necessarily limited to, knowingly making false or fraudulent representations about prices and costs of the drugs, including those specified in this Section which GENEVA knew would be utilized by Medicaid in paying or approving claims for such drugs and using the inflated Spread created by its false representations of prices and costs as a financial inducement to increase or maintain sales and marketshare of those drugs. Each of GENEVA'S false representations was utilized by Medicaid in paying or approving claims for the drugs, including those specified in this Section.

221. During the entire period of time specified in this Section, GENEVA knowingly caused its false or fraudulent price and cost representations to be reported by the recognized price publishing compendia known as Red Book, Blue Book and First DataBank's Automated Services and Medi-Span and further made or used false records or

statements regarding the prices and costs of its drugs, including those specified in this Section and submitted same to Medicaid. GENEVA made or caused to be made approximately 116,007,303 false statements in the form of false or fraudulent price and cost representations to the state Medicaid Programs.

222. By way of example, GENEVA'S price and cost representations for certain of the drugs in question, as reported by GENEVA are shown in the following chart. In comparison, the amount listed under the Relator's Cost column represents the actual contract prices that were available to the Relator for the listed drugs. The column "invoice price to wholesaler" represents the prices listed as invoice prices by one or more major wholesalers such as McKesson or Bergen Brunswig and available to the Relator through catalogs or computer purchasing software. As a very small infusion pharmacy, the Relator did not receive the lowest prices available to volume purchasers. Accordingly, in many instances the cost to Providers for the drugs was significantly lower than that paid by the Relator. For Providers that paid less, the Spread on the drugs was correspondingly greater than the Spread on the same drugs available to the Relator. A listing of drugs with respect to which GENEVA knowingly caused Medicaid to pay falsely inflated reimbursement amounts by reporting falsely inflated drug costs and prices is contained in **Exhibit "1"** (Medicaid only) attached hereto and incorporated herein by reference. Attached as **Exhibits "9"** and **"10"** are charts showing GENEVA's WACs and WEACs for certain of the drugs in question.